IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 16-03675 MCF
MARTINEZ ORTIZ, JOSE CELSO xxx-xx-8185	*	CHAPTER 7
	*	
DEBTOR		

DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" and "J" OFFICIAL FORMS 106I and 106J

TO THE HONORABLE COURT:

COMES NOW, JOSE CELSO MARTINEZ ORTIZ, the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting *Amended Schedules "I" and "J"*, dated July 27, 2019, herewith and attached to this motion.

2. The amendment to Schedule "I" is filed to disclose the Debtor's current income (business income); Schedule "J" is filed to disclose the Debtor's monthly expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b) Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-Notice of Amended Schedule "I" & "J" Case no. 16-03675 MCF7

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 27th day of July, 2019.

/s/Roberto Figueroa Carrasquillo
USDC #203614
RFIGUEROA CARRASQUILLO LAW OFFICE PSC
ATTORNEY FOR the DEBTOR
PO BOX 186 CAGUAS PR 00726
TEL NO 787-744-7699 FAX 787-746-5294
Email: rfigueroa@rfclawpr.com

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Case:16-03675-MCF7 Doc#:68 Filed:07/27/19 Entered:07/27/19 11:29:32 Desc: Main Document Page 3 of 9

United States Bankruptcy Court District of Puerto Rico, San Juan Division

IN RE:	Case No. 3:16-bk-3675	
ORTIZ, JOSE CELSO MARTINEZ	Chapter 7	
Debtor(s)		
BUSINESS INCOME AND EXPENSE	S	
	information directly related to the bus	siness
PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:		
1. Gross Income For 12 Months Prior to Filing:	\$	
PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:		
2. Gross Monthly Income:	\$ 2,8	93.84
PART C - ESTIMATED FUTURE MONTHLY EXPENSES:		
 Net Employee Payroll (Other Than Debtor) Payroll Taxes Unemployment Taxes Worker's Compensation Other Taxes Inventory Purchases (Including raw materials) Purchase of Feed/Fertilizer/Seed/Spray Rent (Other than debtor's principal residence) Utilities Office Expenses and Supplies Repairs and Maintenance Vehicle Expenses Travel and Entertainment Equipment Rental and Leases Legal/Accounting/Other Professional Fees Insurance Employee Benefits (e.g., pension, medical, etc.) Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify): 	\$	
21. Other (Specify):	\$	
22. Total Monthly Expenses (Add items 3-21)	\$	61.27
PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME		
23 AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2)	\$ 6	32.57

Fill in this information to identify your c	ase:	=
Debtor 1 JOSE CELS	O MARTINEZ ORTIZ	
Debtor 2 (Spouse, if filing)		
United States Bankruptcy Court for the	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION	_
Case number 3:16-bk-3675		Check if this is: An amended filing
Official Form 106I		A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse	
If you have more than one job,	Empleyment status	■ Employed	■ Employed	
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed	
employers.	Occupation	Electrician	Sales Representatives	
Include part-time, seasonal, or self-employed work.	Employer's name	Self-Employed	Caribe Industrial Systems, I	
Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 9316 Caguas, PR 00726-9316	PO Box 60980 Bayamon, PR 00960-6004	
	How long employed th	nere? 16 years	3 years and 10 months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			9	For Debtor 1	100000000000000000000000000000000000000	Debtor 2 or filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	0.00	\$	1,932.86
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$ -	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	0.00	\$_	1,932.86

Official Form 106l Schedule I: Your Income page 1

List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Salary deductions 5h. Other deductions. Specify: Salary deductions 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8p. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$	0.00 0.00 632.57 0.00	non-f	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 774.37 774.37 1,158.49	
List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Salary deductions Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. Calculate monthly income. Add lines 7 + line 9.	\$	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$	1,932.86 0.00 0.00 0.00 0.00 0.00 0.00 774.37 774.37 1,158.49	
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		552.57	1,00	· - Z	,201.00
State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependen other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to Specify:				e J. 11. +\$	0.0
Add the amount in the last column of line 10 to the amount in line 11. The result is the Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities.				Combine	
Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain:				monthly i	псоте

Official Form 1061 Schedule I: Your Income page 2

Fill	in this information to identify you	ır case:					
Det	otor 1 JOSE CELSO	MARTI	NEZ ORTIZ		CI	neck if this is:	
	-		4,-2,111			An amended fi	ling
0.555	otor 2				- T		showing postpetition chapter 13
(Sp	ouse, if filing)					expenses as of	the following date:
Unit	ed States Bankruptcy Court for the:	DISTRI	CT OF PUERTO RICO, S	NAUL NA		MM / DD / YYY	Ϋ́Υ
15355	3:16-bk-3675 nown)						
0	fficial Form 106J		<u> </u>				
S	chedule J: Your E	xpen	ses				12/15
info (if k	as complete and accurate as pormation. If more space is need (nown). Answer every question to be provided the control of the c	ded, attac n.	If two married people are th another sheet to this fo	filing together, both a orm. On the top of any	re equ additi	ally responsible onal pages, write	for supplying correct your name and case number
1.	Is this a joint case?	0.0					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in	a separa	te household?				
	☐ No ☐ Yes. Debtor 2 must	file Officia	al Form 106J-2,Expenses t	or Separate Household	of Deb	tor 2.	
2.	Do you have dependents?	□ No					
	Do not list Debtor 1 and Debtor 2.	■ Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent' age	s Does dependent live with you?
	Do not state the						□ No
	dependents names.			son		19	Yes
				-			□ No
							□ No
				14			□ Yes □ No
							☐ Yes
3.	Do your expenses include		No			-	u ies
	expenses of people other tha yourself and your dependent	in 🔳	Yes				
	Estimate Your Ongoing						
exp	imate your expenses as of you enses as of a date after the ba licable date.						
valu	ude expenses paid for with no ue of such assistance and have						expenses
(Off	ficial Form 106l.)					Tour	expellses
4.	The rental or home ownershi payments and any rent for the g			clude first mortgage	4.	\$	0.00
	If not included in line 4:						
	4a. Real estate taxes				4a.	\$	0.00
	4b. Property, homeowner's, o	or renter's	insurance		4b.	기가 -	0.00
	4c. Home maintenance, rep-	air, and u	pkeep expenses		4c.	\$	60.00
	4d. Homeowner's association				4d.	\$	0.00
5	Additional mortgage naymen	te for vo	ur residence such as hom	e equity loans	5	\$	0.00

or 1 ORTIZ, JOSE CELSO MARTIN	EZ C	ase num	ber (if known)	3:16-bk-3675
Utilities:				
6a. Electricity, heat, natural gas		6a.	\$	140.00
Water, sewer, garbage collection		6b.	\$	72.00
Telephone, cell phone, Internet, satel	lite, and cable services	6c.	\$	148.00
6d. Other, Specify:		6d.	\$	0.00
Food and housekeeping supplies		7.	\$	580.00
Childcare and children's education costs		8.	\$	320.00
Clothing, laundry, and dry cleaning		9.	s	55.00
Personal care products and services		10.	\$	85.00
Medical and dental expenses			\$	80.00
Transportation. Include gas, maintenance,	bus or train fare.			
Do not include car payments.		12.	\$	218.06
Entertainment, clubs, recreation, newspa	pers, magazines, and books	13.	\$	60.00
Charitable contributions and religious do	nations	14.	S	0.00
Insurance.			~	
Do not include insurance deducted from you	r pay or included in lines 4 or 20.			
15a. Life insurance		15a.	\$	0.00
15b. Health insurance		15b.	\$	0.00
15c. Vehicle insurance		15c.	\$	0.00
15d. Other insurance. Specify:		15d.	\$	0.00
Taxes. Do not include taxes deducted from ye	our pay or included in lines 4 or 20.		9	
Specify:	u nemericani e de esta esta esta esta esta esta esta est	_ 16.	\$	0.00
Installment or lease payments:			-	
17a. Car payments for Vehicle 1		17a.	~	0.00
17b. Car payments for Vehicle 2		17b.	\$	0.00
17c. Other. Specify:		17c.	\$	0.00
17d. Other. Specify:		17d.	\$	0.00
Your payments of alimony, maintenance,		_		0.00
deducted from your pay on line 5, Schedu		18.	-	0.00
Other payments you make to support other	ers who do not live with you.	1	\$	0.00
Specify:		^{19.}	*	
Other real property expenses not included 20a. Mortgages on other property	in lines 4 or 5 of this form or on Schedule			0.00
- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20a.	· 기계 :	0.00
20b. Real estate taxes		20b.	#	0.00
20c. Property, homeowner's, or renter's insu		20c.	50	0.00
Maintenance, repair, and upkeep exper		20d.		0.00
Homeowner's association or condomir	ium dues	20e.	163	0.00
Other: Specify: Consensual Spouse	car loan	21	+\$	473.00
Calculate your monthly expenses				
22a. Add lines 4 through 21.			\$	2,291.06
22b. Copy line 22 (monthly expenses for Del	otor 2) if any from Official Form 106 l-2	- 1	s —	2,231.00
			<u>, </u>	2 224 22
22c. Add line 22a and 22b. The result is your	montnly expenses.		\$	2,291.06
Calculate your monthly net income.		_		
23a. Copy line 12 (your combined monthly in	ncome) from Schedule I.	23a.	\$	2,291.06
23b. Copy your monthly expenses from line	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23b.	-\$	2,291.06
	866 447656	-		-,,
23c. Subtract your monthly expenses from y	our monthly income.	2000	-	
The result is your monthly net income.	scar vin sist (471 148 148 3435 718 933)	23c.	\$	0.00
Do you expect an increase or dear	your expenses within the year after fil	la thia fa	rm2	
Do you expect an increase or decrease in For example, do you expect to finish paying for you	ir car loan within the year or do you expect your mo			ase or decrease because of
modification to the terms of your mortgage?		aeae be	-,	
■ No.				

Fill in this	information to identify y	our case:	
Debtor 1	JOSE CELSO MA	ARTINEZ ORTIZ	1.0
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO, SAN JUAN DIVISION
Case number	3:16-bk-3675		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT ar	attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the that they are true and correct.	e summary and schedules filed with this declaration and
JOSE CELSO MARTINEZ ORTIZ Signature of Debtor 1	Signature of Debtor 2
Date _July 27, 2019	Date

abel Matrix Case:16-03675-MCF7

Doc#:68 Filed:07/27/19 Entered:07/27/19 11:29:32 Desc: Main Scotlarank Disputation RICO and Place 9 of 9

FERNANDEZ COLLINS CUYAR & PLA

TO ASCRIS MORE

13se 16-03675-MCF7 PO BOX 9023905 SAN JUAN, PR 00901-1922 istrict of Puerto Rico SAN JUAN, PR 00902-3905

at Jul 27 10:44:43 AST 2019

3 Bankruptcy Court District of P.R.

BANCO POPULAR DE PUERTO RICO
DISSE V Toledo Fed Bldg & US Courthouse

BANKRUPTCY DEPARTMENT

PO Box 362708

PO Box 366818

 J0 Recinto Sur Street, Room 109
 PO BOX 366818
 San Juan, PR 00936-2708

 an Juan, PR 00901-1964
 SAN JUAN PR 00936-6818

ICA Collection Agency, Inc Central Retail Collection Unit Claro
D Box 12338 PO Box 362230 PO Box 360998

in Juan, PR 00914-0338 San Juan, PR 00936-2230 San Juan, PR 00936-0998

 cesca Corporation
 DEPARTMENT OF TREASURY
 EASTERN AMERICA INSURANCE CO

 4B 92
 BANKRUPTCY SECTION 424 B
 PO BOX 9023862

) Box 71325
 PO BOX 9024140
 SAN JUAN PR 00902-3862

D BOX 71325 PO BOX 9024140 SAN JUAN PR 00902-3862 an Juan, PR 00936-8425 SAN JUAN, PR 00902-4140

RS Operating Partners CO LLC PRTC AXESA

D Box 7346 PO Box 194499 PO Box 191225

niladelphia, PA 19101-7346 San Juan, PR 00919-4499 San Juan, PR 00919-1225

odriguez Fernandez Law Offices, P.S.C. SCOTIABANK DE PUERTO RICO Scotiabank De Puerto R
D Box 71418 G.P.O. BOX 362649 273 Ave Ponce de Leon

D Box 71418 G.P.O. BOX 362649 273 Ave Ponce de Leon an Juan, PR 00936-8518 SAN JUAN, PUERTO RICO 00936-2649 Hato Rey, PR 00917-1932

>) T MOBILEALEJANDRO OLIVERAS RIVERAJOSE CELSO MARTINEZ ORTIZO AMERICAN INFOSOURCE LPCHAPTER 13PO Box 9316515 N SANTA FE AVEPO BOX 9024062Caguas, PR 00726-9316CLAHOMA CITY OK 73118-7901SAN JUAN, PR 00902-4062

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SUITE 501
GUAYNABO, PR 00968-8052

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

-Mobile End of Label Matrix

2920 SE 38th St Mailable recipients 23
ellevue, WA 98006-1350 Bypassed recipients 0
Total 23